EMPLOYEES' PROVIDENT FUND ORGANIZATION

Form For Allotment Of Business Number (BN

PLEASE FILL ALL THE FIELDS IN CAPITAL ENGLISH LETTERS USING BLUE/BLACK BALL POINT PEN ONLY, FIELDS MARKED (*) ARE MANDATORY. REFER INSTRUCTION SHEET FOR GUIDELINES ON FILLING THE FORM

1. * Full name of the establishment /factory (as registered with Income Tax department,Registrar of Companies or any other government authority

2. If the Establishment is already covered then

The Establishment Code No. ( ) / ( ) / ( ) / ( )

Example MH/1783/A should be written as	M	H	/				/	0	0	1	7	8	3	/			A									
WB/SLG/388 should be written as	W	B	/	S	L	G	/	0	0	0	3	8	8	/												

3. * Status / Ownership Type (Please Mention exact code from the List Below.) ( )

COMPANY	1 0	**PARTNERSHIP**	2 0
CO-OPERATIVE SECTOR	3 0	**PROPRIETORSHIP**	4 0
OTHERS	9 9	**TRUST**	5 0

(If Others) Please specify

4* Incorporation / Setup Details

4a. In case Registered as Factory

Factory Licence No.

Licence Date ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

Date Of Trail Production ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

4b Date of Incorporation / Setup ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

4c. Place of Incorporation /Setup

District/City

State

Pin-code

4d. Please Specify The Supporting Government Code for the Ownership Type

(I) Name of The Issuing Authority

(II) Agency / Authority Code No.

(III) Date of Issue ( ) / ( ) / ( ) (D D / M M / Y Y Y Y) **Expiry Date (If Any)** ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

4e. Describe Establishment's prime (In terms of revenue shareor people employed) economic / business activity mentioning main product and process

Other Activities

4f. If the exact 5 digit NIC'98 code for your establishment's prime business/economic activity is known then please mention it here

5. Employee Details (Including all branches,units etc.)

5a. Date on which Employee Strength Exceeded 19 (4 in case of Cinema) For the first time from the setup / incorporation date ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

5b.* Employee Strength on the date of filling this form

5c. Total Wages Paid In Previous Month (In Nearest Rupees)

5d.* Please mention the employee strength for each month (for previous 36 months)

(Not For Data Capture)

Year				JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC

5e.* Is the Establishment Seeking Voluntary Coverage ( ) Yes ( ) No

5f. If Yes, then date from which coverage is sought ( ) / ( ) / ( ) (D D / M M / Y Y Y Y)

5h. Reason For Voluntary Coverage

6 Other Supporting Government Codes (If any)

		Code	Issue Date (D D / M M / Y Y Y Y)
a.	**Small Scale Industries Reg. No.**		
b.	**IT-PAN as given by the Income Tax Department**		
c.	**Employee State Insurance Corporation**		
d.	**General Sales Tax No.**		
e.	**Central Sales Tax No.**		
f.	**EXIM Code No.**		
g.	**Excise Dept Reg. No.**		
h.	**Custom Dept Reg. No.**		
I.	**RBI Registration No.**		
j.	**IRDA Reg. No.**		
k	**Apparel Export Promotion Council Reg. No.**		
l	**Directorate Of Education Reg. No.**		
m	**CBSE Reg. No.**		
n	**Directorate Of Health Service Reg. No.**		
o	**Food Controller Reg. No.**		
p	**Drug Controller Reg. No.**		
q	**Electricity Connection No.**		
r	**Water Connection No.**		
s	**Other Government Code**		
	Name Of the Issuing Authority		

7a. * Are There any branches / units / subsidiaries to your Establishment ? (Tick mark) ☐ Yes ☐ No

7b. If Yes, then please mention the total number of branches,units and subsidiaries excluding the Registered / Head Office ☐☐☐☐

Please furnish an annexure of addresses (in the exact format mentioned in the item 8,9,10 above) for all the branches / units/ subsidiaries

8. Address of the Establishment (PLEASE FILL THE COMPLETE ADDRESS, ALL CORRESPONDENCE WILL BE DONE TO THIS ADDRESS)

a.* Serial Number ☐☐☐☐ (Starting With 0001 for HQ / Regd. Office / Factory)

b. House/ Door/Flat/Block No. (30 Blocks)

c. Name Of Premises / Building / Village (30 Blocks)

d Road / Street / Lane / Post Office (30 Blocks)

e. Area / Locality/Taluka/Sub Division (30 Blocks)

f. Town /City/District (30 Blocks)

g. * State / Union Territory (30 Blocks)

h. Country (27 Blocks)

i. * Pin Code ☐☐☐☐☐☐

		STD		NUMBER
j *	Phone No.		+	
k	FAX No.			
l	Mobile No.			
m	E-mail Id			

9.* Complying Independently with EPFO (Tick mark) ☐ Yes ☐ No

If No, then Please mention the Branch Serial No.Under (through) which the branch complies with EPFO ☐☐☐☐

10. Details of Person for Co-ordination & follow up

a Contact Person Name

b. Designation

		STD		NUMBER
c.	Phone No.		+	
d.	Fax No.			
e.	Mobile No.			
f.	E-mail Id			

11. * Verification By Employer

The details furnished above are true and correct to the best ofour knowledge and belief. It is clearly understood that I am liable for legal action in case of furnishing false information or failure to disclose any material information

a. Name,Signature and Stamp of Applicant / Authorized Signatory

Name

Signature

Seal of Establishment

b. Date ☐☐ / ☐☐ / ☐☐☐☐ (DD / MM / YYYY)

c. Place

12. List Of Enclosures (Tick mark if attached)

☐ Photocopy of Code No. letter Issued by EPFO as per Item 2.

☐ Registration Information as mentioned in Item 4c. (i.e. supporting government code for the declared ownership type)

☐ Employee & Employer Consent for Item 5e. (if applicable)

☐ List of branches as mentioned in item 8,9.

☐ Other Encl. (for item 6) (a)

(b)

(c)

13. For Office Use Only

a. Form Received On ☐☐ / ☐☐ / ☐☐☐☐ (DD / MM / YYYY)

b. Form Number ☐☐☐☐☐☐☐☐☐☐☐☐

c. Data Entry Done On ☐☐ / ☐☐ / ☐☐☐☐ (DD / MM / YYYY)

d. Checked By

e. BN Allotted ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

f. Allotment Date ☐☐ / ☐☐ / ☐☐☐☐ (DD / MM / YYYY)

g. Coverage Under Section ☐☐☐☐

h. In case the application is rejected, Reason